

**Sixteenth Year Certification Eligibility  
PSAP Status Report**

The Sixteenth Year Certification requires **ONE** form to be submitted by each county and Wayne County 911 Service District.  
**Please note: faxed or handwritten forms will not be accepted.**

**A. COUNTY OR SERVICE DISTRICT INFORMATION**

County or Service District			
Address	City	State	Zip Code
Telephone Number	Fax Number		
County Coordinator	E-mail Address of County Coordinator		

If there is only a single county PSAP, complete and return Sections A, B, and C **only**. If there are multiple PSAPs, complete Sections A, C, and D **only**, listing **all** primary PSAPs in your county or service district (**use additional sheets if necessary**). Also, indicate which of the listed PSAPs are taking wireless 911 calls.

**B. SINGLE PSAP**

Name of PSAP	County		
Address	City	State	Zip Code
Telephone Number	Fax Number		
Contact Name	E-mail Address of Contact		

**C. AUTHORIZATION AND CERTIFICATION**

Does the county have a 911 plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the plan is currently open, when is the final hearing date?	

Name of person completing the form:  
**A signature, electronic or original, is required.**

Signature	Date
Printed Name and Title	

**Return To:**

Michigan State Police  
State 911 Administrative Section  
P.O. Box 30634  
Lansing, MI 48909-0634  
Attention: Stacie Hansel

-or-

[hansels@michigan.gov](mailto:hansels@michigan.gov)

**This form must be signed and received at the State 911 Office by  
Friday, May 15, 2015.**

This form can be accessed at [www.michigan.gov/snc](http://www.michigan.gov/snc)

#### D. MULTIPLE PSAPS

##### PSAP 1

Primary PSAP Contact and Title	E-mail Address of Contact		
Address	City	State	Zip Code
Telephone Number (Admin and 24/7)	Wireless 911 calls? <input type="checkbox"/> Yes <input type="checkbox"/> No		

##### PSAP 2

Primary PSAP Contact and Title	E-mail Address of Contact		
Address	City	State	Zip Code
Telephone Number (Admin and 24/7)	Wireless 911 calls? <input type="checkbox"/> Yes <input type="checkbox"/> No		

##### PSAP 3

Primary PSAP Contact and Title	E-mail Address of Contact		
Address	City	State	Zip Code
Telephone Number (Admin and 24/7)	Wireless 911 calls? <input type="checkbox"/> Yes <input type="checkbox"/> No		

##### PSAP 4

Primary PSAP Contact and Title	E-mail Address of Contact		
Address	City	State	Zip Code
Telephone Number (Admin and 24/7)	Wireless 911 calls? <input type="checkbox"/> Yes <input type="checkbox"/> No		

##### PSAP 5

Primary PSAP Contact and Title	E-mail Address of Contact		
Address	City	State	Zip Code
Telephone Number (Admin and 24/7)	Wireless 911 calls? <input type="checkbox"/> Yes <input type="checkbox"/> No		

##### PSAP 6

Primary PSAP Contact and Title	E-mail Address of Contact		
Address	City	State	Zip Code
Telephone Number (Admin and 24/7)	Wireless 911 calls? <input type="checkbox"/> Yes <input type="checkbox"/> No		

##### PSAP 7

Primary PSAP Contact and Title	E-mail Address of Contact		
Address	City	State	Zip Code
Telephone Number (Admin and 24/7)	Wireless 911 calls? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Use additional sheets as necessary